

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000187348

Entity Name: 24/7 CHIROPRACTIC WELLNESS & REHAB, LLC

Current Principal Place of Business:

2631 FOREST RD
SPRING HILL, FL 34606

Current Mailing Address:

3511 CASA COURT
HERNANDO BEACH, FL 34607 US

FEI Number: 30-1127939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEGREE, KIANI
3511 CASA COURT
HERNANDO BEACH, FL 34607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIANI SEGREE

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name D'ACUNTO, OLIVIA
Address 3511 CASA COURT
City-State-Zip: HERNANDO BEACH FL 34607

Title AMBR
Name SEGREE, KIANI
Address 3511 CASA COURT
City-State-Zip: HERNANDO BEACH FL 34607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIANI SEGREE

AMBR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date